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Communications.

PILLS OF THE SULPHATE OF QUINIA.

Read before the Medical Society of Harford Co., Md., Feb. 11, 1868.

By W. Stump Forwood, M.D.

The sulphate of quinia is a medicinal agent which medical men could not well dispense with. It is a remedy which approaches the character of a specific more nearly, perhaps, than any medicine known to the profession. Yet it is said there is no good without an attendant evil. In the words of the poet;

"Where the Lord erects a House of Prayer
The Devil builds a Chapel there."

I refer to the administration of the salt. It has the most enduringly disagreeable taste of any medicine with which we are acquainted, as I can attest from very considerable personal experience.

It is therefore a matter of prime importance with physicians, to exhibit this remedy in the most palatable form. And, at the same time, as we have all learned from observation, it is worthy of our consideration to know how to present our medicines in the smallest possible bulk. Homœopathy has taught us a valuable lesson on this point.

It is generally conceded that the most eligible method for the administration of quinia, in the case of adults at least, is in the pilular form. And as country practitioners are obliged to compound their own prescriptions, I have thought that a few remarks upon the preparation of quinine pills might be profitable to them.

Several years ago I conceived the idea that in the composition of pills of sulphate of quinia, the bulk might be greatly lessened by dissolving the salt with the aromatic sulphuric acid. I delayed making the experiment, however, until the appearance of the second edition of Parrish's valuable work on Practical Pharmacy, eight or nine years ago. In that work I found that Mr. Parrish had adopted the method which I had in view; by which means he was able to put five grains of quinia into a pill but very little larger than many pills in common use, and no larger than the two-grain pills of quinia made in the ordinary way.

This is his formula:

"℞. Quiniæ sulphatis, ℈j.
Acid sulph. aromat., ♏xij.

"Drop the acid upon the sulphate upon a slab or tile, and triturate with a spatula until it thickens and assumes a pilular consistence, then divide into four pills."

Mr. Parrish adds, that persons not accustomed to making quinine pills by this process, sometimes allow the sulphate to become too dry and unadhesive to mould it into pills. This is from not seizing the proper moment, just as the mass has ceased to be too soft, and before it becomes dry; it is then quite plastic.

He states that a drop or two of syrup or honey should always be at hand, to add at the proper moment to prevent the hardening.

This sudden hardening and crumbling is the great difficulty to be encountered in the formation of these pills. If you lose an instant after the mass becomes of the proper consistence, it is impossible to make a pill by this formula without the addition of a few drops of syrup; and the syrup adds greatly to the bulk. I tried this process repeatedly, and with all the expedition and skill that I could bring to bear, would fail at least every other time, particularly if preparing a mass for several pills.

Being disappointed on one occasion, and curious to see the results after the mass had become hardened and friable, I made another addition of the acid, sufficient to

dissolve the mass; and was delighted to discover that it resumed the pilular consistence which had been lost, and what was more important, it remained in this state long enough to allow the pills to be formed at leisure.

The knowledge of this fact must give great satisfaction to those who make pills by Parrish's formula.

The precise amount of acid used in proportion to the quinia, is not a matter of much importance; for should the quinine be made semi-fluid by the acid, you have only to wait a little longer for the pilular consistence.

These pills are exceedingly soluble in the gastric juices; and it is generally conceded that the addition of aromatic sulphuric acid to quinine adds to the efficiency of the operation of that salt. And we can thus administer full doses of quinine in one or two pills, instead of being obliged to give from three to six, as we have to do when prepared by other methods.

In administering to children who are unable to swallow pills, we may add just sufficient acid to dissolve the quinine; upon hardening, it is readily granulated, and in this form can be mixed with syrup, and taken much more agreeably than either in solution or powder.

A SINGULAR CASE OF MALFORMATION IN THE HUMAN SPECIES.

By L. Corey, M. D.,

Of Warren, Huntington Co., Indiana.

January 16th, 1868. I was called to see Mrs J. W. H., æt. 34 years, who is the mother of eight healthy well formed living children. She was in her ninth labor, which progressed rapidly to a speedy termination, the result of which was the giving birth to two children, one of which was still-born, the other made several attempts at respiration. From every appearance she had arrived at full term; the head, chest, and upper extremities of each being natural and well developed, including the spinal column and trunk, as far as the twelfth dorsal vertebra. The lumbar vertebra were less than natural and very imperfect. The pelvis was one-third less than ordinary, but natural in appearance.

What was most remarkable, the pelvis and lower extremities were reversed in their position, the sacrum being anterior, the pubis posterior. In front and on either side of the spine opposite the fifth lumbar vertebra of each child was a small teat resembling that of the female swine, three-fourths of an inch in length, and of corresponding thickness.

The lower extremities were natural in formation and development, but changed in position, the great trochanter seeming to occupy the acetabulum, bringing the inside of the leg out, and the great toes on the outer sides of the feet, the heels anterior and toes posterior, making the feet to project directly backward.

The bodies were well covered with integument, except a small portion of the abdomen of one, including the umbilicus, which was membranous, and gave way during labor, allowing the liver and a portion of the small intestines to protrude. The contents of the thoracic and abdominal cavities appeared to be well formed and natural. There was no external appearance of genital organs, and the pelvic contents were not examined. In appearance and development, they were alike in every particular. They were not weighed for want of scales, but would have weighed at least six pounds each.

Mrs. H., has always enjoyed good health, and states that during her last pregnancy her health had been very good; she also states that she has been free from any unusual mental impressions, and thinks that it could not have been possible (admitting such a possibility) that any mental impression could have been the cause of the malformation in her children.

Average Duration of Life in Italy.

The director of the Italian Life Assurance Society, M. W. Ray, has just published some interesting statistics showing the average duration of life in Italy, as compared with that in other countries, from which it appears that the mortality of Italians is exceptionally great. He shows that in Italy, 22½ per cent. of the infant population die yearly, and that, even in the healthiest districts, the average duration of life is 33.43 years only, while in France it is 38.33, at Geneva, 42.02, and in England, 39.31. The number of births, too, is relatively much smaller in Italy than in England and France.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

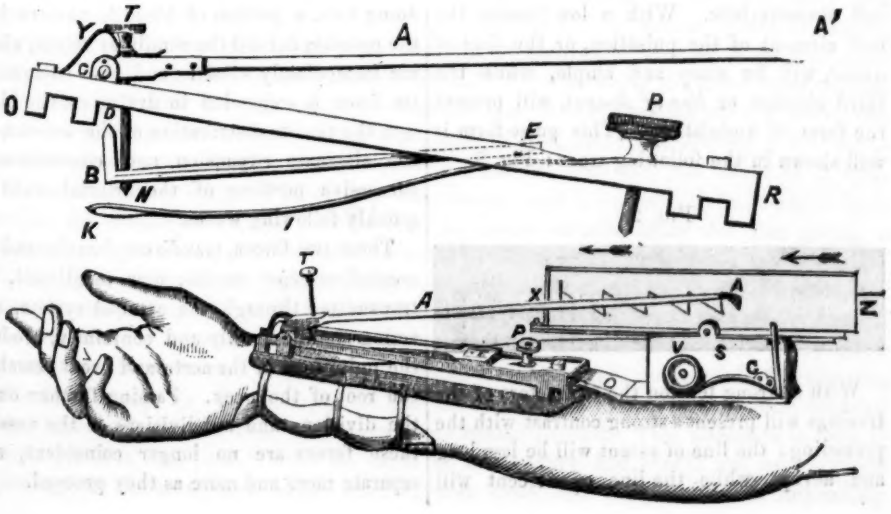
(Continued from page 296.)

A metallic plate, (*R O*,) furnished with moveable lateral wings, forms the frame of the instrument, and is in the shape of a section of a hollow cylinder, the concavity of which may be altered at pleasure to fit it accurately to the fore-arm. At the sides of this frame there are six hooks, three upon a side, which enable the instrument to be fastened to the part securely by means of a cord passing around them alternately from side to side. The end of a steel spring (*I*) is attached to the back part of the plate, and projects forward to the position of the artery, being brought perpendicularly in contact with it by a little ivory plate interposed between them. The motion of the artery is transferred from this steel spring to the tracing lever, by a metallic stem (*B D*) bent upon itself placed between them, connected by its long arm (*B E*) to the spring and touching the lever near its centre of motion, which is at the anterior edge of the metallic frame, by the distal end of its short arm; the relation of these three parts to each other and to the artery are regulated by two milled-headed screws, *T and P*. The tracing lever carries at its distal end a pen which marks upon a paper, supported upon the oblong plate *X N*, the tracings; the paper is moved its whole length every ten seconds, as the writing goes on, by the watch work *S*, which is wound up by a button key *V*, and started or stopped at will by a regulator placed at the side of the instrument.

With the instrument now described the minutest variation in the sequence of the arterial pulses, or even differences in individual beats may be made known and presented to the eye at once in diagrammatic sketches. In estimating the diagnostic value of these the observer has only to discover by experiment the various sorts of pulse-forms accompanying physiological and different pathological conditions of the arteries as shown in the diagrams. The variations in the movements of the blood in the vessels, may also be imitated in elastic tubes and the various pulse-forms, characteristic of these variations in the human subject, accurately ascertained.

Before considering morbid pulse—forms, it will be necessary to speak of those which are physiological, in order to enable the observer to appreciate what is, and what is not morbid. It is not to be imagined that there is one certain form of trace characteristic of the physiological pulse of all persons, or even of the same individual at various times; for the

Fig. 1.



action of the heart within normal limits is constantly varying, and thereby exercising an influence over the pulse-form by altering the arterial tension.

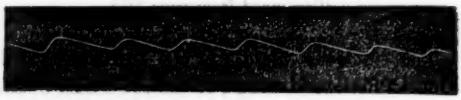
This variation of arterial tension, which is the agency in producing the difference in the pulse-form, is however due, according to Dr. Marey, in a great measure, to other causes which may be arranged in two principal groups. In the first, are those causes which facilitate the passage of the blood through the capillaries, thereby inducing a *low arterial tension;* in the second, those which obstruct its course in the capillaries giving rise to a *high tension.* The physical condition culminating in these variations of tension are, according to these views, 1st, either mechanical, as the alteration of the position of the subject, and by compressing the arteries so as to arrest the free flow of the blood through them; 2d, or by causing the contraction or relaxation of the smaller vessels so as to obstruct the blood in its course to the veins. Every cause which contracts them, as for instance, the application of cold will result in an *elevation* of the arterial tension; every cause which relaxes them, as warmth will *lower* the tension. It follows from all this, that the principal conditions for alterations of tension are induced by causes acting upon the periphery of the animal body.

The pulse-forms corresponding with these two states of arterial tension, are well marked and characteristic. With a low tension the first element of the pulsation, or the *line of ascent,* will be steep and ample, while the third element or *line of descent,* will present the form of undulations. This pulse-form is well shown in the following trace: Fig. 2.

Fig. 2.

With a strong tension the characters of the tracings will present a strong contrast with the preceding; the line of ascent will be less long and abrupt, while the line of descent will move off obliquely in a straight line, i. e., free from dicrotism, as is shown in Fig. 3.

Fig. 3.



The above two traces show that the frequency of the heart's action is also affected according as the tension is greater or less; being more frequent with less tension and the reverse.

As might have been expected, after the most casual examination, the respiration exercises, when it is forced, an important modification in the pulse-form and consequently in the tracings thereof; the line of ascent corresponds with expiration, and that of descent with inspiration.

What reciprocal correspondence and connection have these traces with the action of the heart and arteries? In order that these may be known, the mechanism of the circulation should be understood. The motion of the blood in the arteries takes its origin in a primal heart-wave originating in ventricular contraction and propagated to the first portion of the aorta by the rushing of blood into that vessel, distending it to a certain extent, limited by its own elasticity. As soon as the ventricular contraction has ended, the aorta recoils upon itself in virtue of its elasticity, and in doing this, a portion of blood is thrown into the pouches behind the semilular valves, which are immediately closed, and the balance of its force is expended in drving on the blood into the remote distribution of the arteries, by the alternate expansion and contraction of successive portions of the arterial walls in quickly following waves.

These two forces, *systolic acceleration* and *increased arterial tension,* now mentioned, are transmitted through the arterial system, and acting simultaneously and conjointly, produce the pulsations in the aorta and great vessel, at the root of the neck. Passing further on in the divisions and subdivisions of the vessels, these forces are no longer coincident, and separate more and more as they proceed.

With a low tension the systolic acceleration reaches the wrist, and manifests its action upon the pulse by the rapid distension of the radial artery symchronous with the ventricular systole, and by its equally speedy collapse. The influence of the *acceleration* on the pulse-form is shown in Fig. 2, and is characterized by the abrupt elevation of the tracing lever.

In the condition of high arterial tension, the acceleration is lost in the great vessels and does not reach the radial artery, which then yields only to the systolic pressure-wave, the expansion of the vessel taking place gradually, and succeeding the ventricular contraction in an appreciable and definite interval of time, and gives rise to the wavy pulse-form shown in Fig. 3.

Pulse-traces taken at a time when ventricular contraction and natural tension are active and physiological, present a number of continuous curves, each representing a complete cardiac revolution. Each curve consists of three parts—a *line* of *ascent*, a *summit*, and a *line* of *descent*, which require individual notice, inasmuch as they are the factors which varying in character as to form, length, regularity and height, furnish the indication, in their different combinations, of the state of the circulation in health and disease.

The line of ascent is produced by the systolic contraction of the ventricle, which propagates an instantaneous pressure-wave from the heart to the artery upon which the sphygmograph is placed. This line varies in height, according to the facility with which the pressure-wave overcomes the arterial tension—being greater, if this is easily effected, and less under reverse circumstances. The position of the line as to verticality is determined by the rapidity of the efflux of blood into the arteries; the greater this is, the more quickly will arterial tension be established and nearer will the line approach a vertical position. When the entry of the blood is languid the line is described in an oblique direction and sometimes in a curved one.

The first change in the direction of the tracing lever forms the summit of the curve. It corresponds to that period when the blood is passing into the artery and thence onward, or when the *afflux* and *efflux* mutually balance each other. According as this period is longer or shorter, the summit will present either a point or a line of some length; in the latter case if the afflux predominates, instead of a horizontal line, we should have one with an upward slope, and under reverse circumstances one with a downward slope.

The line of descent presents a greatly waved form with three deviations from a rectilinear course, reckoning the apex of the curve as the first. The second wave represents an expansile movement in the arterial walls, and marks the termination of the systolic portion of one cardiac revolution. The notch following the second wave answers to the period of closure of the semilunar valves. The third wave succeeding the aortic notch is caused by a renewal of the action of the arterial walls. After describing the third wave, the tracing bar falls until it reaches the point which marks the period of *minimum* arterial pressure. In the normal condition of the circulation a straight line should just touch the apices of the successive curves, which indicate the points of *maximum* tension, and run parallel with a similar line connecting their bases, which are the points of *minimum* tension.

In certain cardiac diseases and in febrile derangements, the second wave is effaced, the aortic notch deepens, and the third wave is somewhat exaggerated, thus a two-waved line of descent is formed and the pulse form is said to be *dicrotic*. Dicrotism varies in degree with the nature and intensity of the febrile disease; if the bottom of the aortic notch reaches half way to the base-line of the curve, the pulse is designated *subdicrotous*, if the notch touches the base line, *full dicrotism* is established; and in exceedingly bad cases of fever the notch extends below this line giving a *hyperdicrotic* pulse-form.

Besides the changes in form that the line of descent undergoes in febrile and serious inflammatory affections, the summit of the curve also alters in shape, and instead of presenting the angularity seen in Fig. 2, becomes rounded or square pointed. This alteration in form is of bad augury, and should put us on guard that some bad complication is impending

or that the disease tends to a fatal termination.

The line of ascent, as it enables us to judge of the ventricular force, especially in these cases of low arterial tension, affords useful information. When this line is of good altitude, we can infer that the patient has a vigorous heart, and is in a favorable condition to resist the impression of the disease. On the other hand, feebleness of the heart will be shown by lines of less height, and when combined with the alteration of the apices of the curves above mentioned, are of especial bad import.

Another peculiarity of the pulse-trace which indicates mischief, and shows the heart to be acting irregularly, is the want of *uniformity of size* in the successive pulse-curves. Of no better augury is that trace characterized by a deviation in direction of its pulse-curves, which are constantly rising and falling unequally above and below the normal lines of *maximum* and *minimum* tension.

There are many other important pulse-forms which it is essential for the physician to be acquainted with in employing the sphygmograph, but it is foreign to the object of the present paper to even attempt to describe the pulse-traces connected with all the most prominent classes of pathological conditions, much less those of individual disease, which are as yet *sub judice*, and require many years of patient labor to develope them to that extent to be available to the physician in prognosis and diagnosis. As marked examples of the diagnostic value of sphygmography, we may introduce a few diseases in which the traces are quite well established and characteristic. As might have been expected, the circulatory apparatus presents these examples.

The pulse-forms of valvular disease will vary very much, according to the nature of the alteration and its situation. These morbid conditions are rarely single, but are associated in various degrees of complexity, and the pulse-forms must necessarily be also complex in their forms; these may, however, be analyzed into their simple forms, and these forms connected with special anatomical changes.

In mitral regurgitation the pulse is always markedly small, irregular, and of unequal force, in consequence of the blood being forced, in the cardiac systole, back into the auricle, thereby destroying the influence of the primal wave upon the elasticity of the aorta and its subdivisions. The pulse-trace is here characteristic, as shown in Fig. 4, being remarkably *dicrotic*.

Fig. 4.

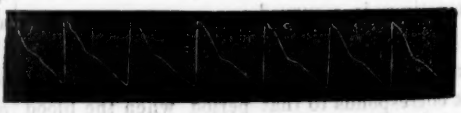
If in connection with mitral insufficiency, there exist narrowing of the auriculo-ventricular orifice, the ventricle will not have time to fill itself between two systoles, and as a result of this, the primal wave thrown into the aorta will be very small, but the pulse-trace will not present the same amount of irregularity as the one above, which is characteristic of pure mitral insufficiency.

In organic disease of the semilular valves of the aorta, the pulse-traces are equally distinct. Obstruction or narrowing of the aortic orifice, will require a longer time for the ventricle to empty itself of its charge of blood into the aorta, and will therefore give rise to a more prolonged and considerable expansion of that vessel which will be indicated by the obliquity of the line of ascent, as shown in Fig. 5. *Dicrotism* is rarely present in this condition.

Fig. 5.

Aortic regurgitation from insufficiency of the semilunar valves is attended with feeble arterial tension; the pulse possesses the character of communicating a shock to the fingers. The characteristic pulse-form attending this condition is shown in Fig. 6. The line of

Fig. 6.



ascent is nearly or quite vertical and ample;

the summit is reduced to an angle, and the *line of descent* is waved.

The combination of the two preceding conditions, obstruction and insufficiency, will be accompanied by a corresponding combination of their pulse-forms as seen in Fig 7. The

Fig. 7.

line of ascent presents the abrupt course and hooked termination of aortic insufficiency, while the very obtuse line of descent indicates prolonged aortic dilation.

The study of the pulse-form as modified by aneurism, is very interesting and exceedingly important to the surgeon, as the pulse-traces may often enable him to decide the diagnosis of a case in which, without the aid of the sphygmograph, all would be involved in the greatest obscurity and doubt. In the *Lancet*, Jan. 20, 1866, is recorded a case of aneurism of the subsclavian artery, which was made out with certainty by this instrument, when it was impossible to detect it in any other manner.

The pulse on the diseased side of an aneurismal patient, is found to beat feebly, which is due, according to Dr. Marey, to the elasticity of the walls of the aneurism. The characteristic markings in such a case are shown in Figs. 8 and 9.

Fig. 8.

Sound side.

Fig. 9.

Side of the Aneurism.

The last trace shows the modification of the pulse in form and force when the examination is made upon the artery below the seat of the aneurism. The first and third elements of the pulse-trace run into each other in almost a straight line.

In aneurism of the aorta, the force of the pulse will be but slightly decreased, and the pulse-traces will not be so marked as in the preceding case. There will be, however, difference in the pulse-traces of the two radial arteries, either in dicrotism or form.

Arterial change other than aneurism may be detected with the same certainty. In old age, the elasticity of the arterial tissues is impaired; the heart beats with greater energy, and with the increased dilatation of the arteries, there will be produced a trace of great length, a vertical and sometimes broken line of ascent, a rounded summit and a line of descent free from dicrotism, and often presenting a sudden fall in its first part.

In other classes of disease, investigations into the sphygmical character of the pulses which accompany them, are being pushed forward with commendable zeal; and from the present promise, we may confidently rely upon the future for a rich harvest from this interesting and prolific field of research.

A GLANCE AT THE BRITISH ISLANDS, FRANCE, AND AMERICA,

Ethnological, Climatic, and General, etc.

By Edwin R. Maxson, M.D.,

Author of Practice of Medicine, etc.

Of Philadelphia.

Having made a tour through Scotland, England, Wales, Ireland, and France, for *medical* observation, and as a delegate to the International Medical Congress in Paris; and also to attend the British Medical Association in Dublin; visiting the hospitals of Greenock, Glasgow, Edinburgh, London, Paris, Liverpool, and Dublin; seeing in the aggregate many thousand patients, it is quite natural that my *professional observations* should have occupied, more especially, my earnest attention.

As, however, landing at Glasgow, going to the highlands up Loch Lomond as far as the Falls of Inversneid; and from Glasgow to Edinburgh; and from thence east, through the "Garden of Scotland," to the North Sea; and then south to and through the east of England, near four hundred miles, to London, going to Windsor, Sydenham, etc., and from London through the south-west of England, and the north-west of France, by Dieppe, and

Rouen, through Normandy to Paris, going to St. Cloud, Versailles, etc., and attending the Great Exposition; and from Paris through the north-east of France and south-east of England, by Boulogne and Falkestone, back to London, from thence through the west of England to Liverpool; and from Liverpool through Wales to Holyhead, and by the Irish Sea to Kingston, and thence by rail to Dublin, where I attended the British Medical Association; and from Dublin, finally, by rail, near two hundred miles, through to the north of Ireland, by Londonderry to Movile, where I took ship for America, I could not do less than make a general observation of the country, towns and people on my way.

It is, then, only my general observations of the *country*, including Scotland, England, Wales, Ireland, and France; of their *chief towns*, including Glasgow, Edinburgh, London, Liverpool, Holyhead, Dublin and Paris; and of the *people*, including the Scotch, English, Welsh, Irish and French, that I propose to speak, and in the order in which I have named them; purposely avoiding all minutia of detail; but striving to give such information, *ethnological, climatic, and general*, as may be of interest, and closing with a general glance at America, Americans, etc.

Scotland and the Scotch.

Scotland, lying between the Atlantic Ocean and the North Sea, nearly north of England and Wales, and to the north-east of Ireland; being some three hundred miles in extent north and south, and from one to two hundred east and west; has many small rivers and bays, being also surrounded by numerous islands, some of which are to the west of the mainland in the Atlantic, while others are in the North Sea, to the north-east, producing a variety of sea coast surpassingly romantic, and grand in the extreme.

The *general face of the country*, though rough in many places, is by no means repulsive, presenting a variety, from the beautiful level fertile region, called the "Garden of Scotland," to the rugged highlands, covered with heather, their lofty peaks, in some instances, being lost in the clouds, presenting all the grandeur that such lofty mountains, interspersed with beautiful lakes can afford to the human eye; and especially, being associated as they are, with the wild romantic history of more than twenty centuries of the past.

The *highlands* of the west and north-west of the island, are but slightly productive, especially the higher portions, producing little more than the heather, and a variety of grass, which serve as food for the small highland sheep, that sport amidst these luxuries to them, upon their native hills; appearing in the distance, like small white specks on the mountain sides, and knowing well the voice of their shepherd, as he ascends from his neat, but often rude cottage, in the vale beneath. One of those cottages was pointed out to me by a lady, in which, her grandmother lived and died, having never been a mile from the place of her birth. It was near Loch Lomond, and in sight of Ben Lomond's lofty peak, where even a sage philosopher might consistently thus have lived and died, if there is such a place, anywhere.

The south and south-east portions of the country being quite level, have a more productive or fertile soil; producing wheat, oats, barley, peas, beans, and good meadow and pasture; being a fine agricultural region; having large herds of cattle, sheep, and other domestic animals. The *farm houses* are generally of stone, with slate roofs. The *fences* are mostly hedge, and the *forests* consist of, or are interspersed with, the beautiful Scotch pine, the tree so much admired as an ornament for yards in our own country; flourishing in great luxuriance and beauty, in its native soil; giving even the woods, a bright and lovely appearance, and affording the wild songsters, a temple of rare beauty, in which to sound their notes of praise, to the common Parent of all.

Scotland, then, including all its parts, of high and low lands; with its romantic "sea-girt shores," is a rich, beautiful, and grandly romantic country, with a great variety of scenery, soil, and productions; being capable of supporting as it really does, a dense population; the *variety* of its natural scenery, by far surpassing that of any country with which

I am acquainted, considering its limited extent, and its *atmosphere*, though somewhat damp, is delightful; the unevenness of its surface interrupting or lessening very much the prevalence of heavy winds; and while its summers are cool, its winters are rendered quite mild, by its oceanic surroundings.

Chief Towns.

The principal cities of Scotland that I shall mention, are Glasgow and Edinburgh, as best calculated to illustrate the character of Scotch towns.

Glasgow is situated in the west of Scotland, on the River Clyde, at the point where it becomes navigable; being surrounded by the Campsie and Kilpatric hills, on the north, north-east and north-west; and occupying an elevation well calculated for the site of a large commercial city.

It is a manufacturing town, having a population of nearly five hundred thousand, 446, 839, in 1867; and being quite ancient, it is somewhat irregularly laid out, especially the older parts. The streets are also, in some places crooked, and rather narrow. The newer portions, however, are fine; the streets and parks presenting an air of grandeur; the houses being constructed of fine stone, with slate roofs; embracing Blythswood Square, Woodside Place and Crescent, West End Park region, etc.

Glasgow has some ancient structures of great interest, architectural and historical; among which, perhaps, the most prominent, are the Cathedral of the twelfth century, and the University of Glasgow, several hundred years old, about to be removed to the vicinity of West End Park. And besides, it has many modern buildings of great beauty, as the Post Office, Royal Exchange, etc., as well as statuary, parks, bridges, and fountains, of more or less beauty. The city has two Medical Universities, the Royal Infirmary, containing four or five hundred patients, an extensive Eye Infirmary, a Dispensary for Diseases of the Skin; and various other minor institutions, of a kindred character, where the infirm poor are abundantly provided for, all of which are well managed.

The inhabitants of this, which is the largest, and one of the oldest cities of Scotland, are mainly Scotch, with a few Irish, and a sprinkling of other nationalities. Its *climate* is temperate, but on account of the surrounding hills, the atmosphere is rather humid, and consequently, not very highly electric, predisposing the inhabitants, more or less, to ophthalmia, cutaneous, scrofulous, and tuberculous affections, etc., especially in its most crowded parts, as I noticed. Hence, also, the prevalence of typhus fever here, at times. Glasgow is probably as healthy, however, as most cities of its size, anywhere; *paludal* diseases, being scarcely, if at all, known there.

Edinburgh, situated in the eastern part of Scotland, near the Firth of Forth, on the North Sea, is a romantic old town, having a population of over two hundred thousand, 201,748 in 1866, including Leith. It consists of the old and new portions; the former of which has for its centre Castle Hill, being 383 feet high. The other eminences, consisting of Arthur's Seat and Salisbury's Crags, are in the distance, a little out of the city, and near Holyrood Palace, presenting a most wildly grand and romantic appearance. All these, together with the various monuments, the roughness of the old, and grandeur of the new parts of the city, with its fine brownstone houses with slate roofs, may be regarded as constituting the "modern Athens," in many respects, as it has been styled.

Aside from the elevations already named, the site, though somewhat broken, is by no means an unpleasant one; consisting of two ridges divided by a ravine, allowing a quiet passage for the North British Railway, at the foot of Castle Hill, between the old and new portions of the town; the Firth of Forth appearing in the distance, to the north-east.

The principal objects of interest in this grand old city of the Scottish kings, are the Barracks on Castle Hill, wherein Queen Mary gave birth to James the First, in whom were united the Crowns of Scotland and England; the Palace of Holyrood, from whence the unfortunate Queen was taken, imprisoned, and finally compelled to abdicate in favor of her infant son; John Knox's House, with a

projection in front, from which the great reformer so effectually preached to the passers by, never failing to reprove and exhort to repentance and reform all ranks, the high as well as the low; and the University of Edinburgh, which, springing up in the early history of Scottish civilization, has become, as it were, "the light of the world," in everything pertaining to law, medicine, divinity, and the arts, with its library of one hundred and thirty-three thousand printed books.

And besides, Edinburgh has a Botanical Garden, with a Palm-House one hundred feet high; the Antiquarian Gallery; the National Gallery; the Museum of Science and Art; and the Anatomical Museum of Sir Charles Bell; all of which contain a variety of objects in their several departments, of surpassing interest, enough to occupy an active mind for a long time in the examination.

Finally, Edinburgh has the Royal Infirmary, accommodating several hundred patients; Chalmer's Hospital, of less dimensions; and various others that I need not mention, affording abundant accommodations for the infirm poor of this grand old city. Its position, on the Sea, with comparatively level surroundings for many miles, except the elevations named, may account for the fact that less scrofulous, cutaneous, and ophthalmic affections are found here than in Glasgow, as appeared to me. And though Edinburgh, from its situation, is more or less subject to high winds, and has a slightly humid atmosphere, in common with other British towns; giving disease there a typhous tendency; *paludal* diseases are almost entirely unknown there, as in Glasgow.

But I must pass on from a consideration of the country and its towns, to the inhabitants.

The Scotch People.

Descendants, as they are, of the ancient Celts, or wild men inhabiting the coverts in the forests of the British Islands and the west of Europe, as the very name implies; with a mixture of Roman, Danish, Saxon, and Norman blood, in a limited and variable degree; emerging from a state of semi-barbarism amidst the beauties and "handy work" of nature constituting their native wilds, grand, romantic, and sublime in the extreme; we find, as might be expected, a hardy, noble, virtuous, manly, industrious, God-fearing people in the Scotch. In short, a noble specimen of humanity, for whom the human race may well be thankful.

In fact, it is my opinion, that the Scotch, as a people, have more qualities that it would be a virtue to imitate, than any other; while, on the other hand, they have fewer of the vices. I must be pardoned for speaking thus plainly on this subject, as I am only uttering convictions that have been forced upon me. Their present state of civilization has been arrived at, however, after the reign, in darkness, as it were, of nearly a hundred kings, from a period long anterior to the Christian era; the people, in passing from a state of semi-barbarism to their present exalted position in the scale of civilization, having passed through, as is customary during such a transition, many scenes of confusion, bloodshed, and carnage, at which even humanity revolts.

In conclusion, then, I would remark, that the superiority of the Scotch character, as a whole, may be, and doubtless is owing to the circumstances already enumerated, together with others, such as advantage of position and climate, the mingling of races, etc., all of which have more to do in forming even the physical, intellectual, and moral character of a people than may generally be supposed.

[To be continued.]

Mustard Paper.

M. Rigollot, a Paris pharmacien, has, under the name of *papier sinapisé*, contrived an elegant preparation which embraces all the advantages of the mustard cataplasm without incurring the risk of its inefficiency owing to the loss of power in the flour of mustard. He has done this by extracting the fixed oil, while retain the rubefacient principle. A piece of the paper of the required size is put in water for a few seconds and placed wet on the part, whereon it is bound with a handkerchief. It does not cost more than the ordinary mustard plaster, and is always ready and promptly efficacious.

Medical Societies.

THE IOWA STATE MEDICAL SOCIETY.

Synopsis of the Proceedings for 1868.

The eighteenth annual meeting convened in the Good Templars Hall in the city of Des Moines at 10, A. M., February 5th, 1868.

The President, Dr. William Watson, in the chair. Prayer by the Rev. H. S. De Forest.

The following named members and delegates present:

Dr. Wm. Watson of Dubuque; Drs. E. Whinnery, and J. C. Blackburn of Fort Madison; Drs. J. W. H. Baker, and W. F. Peck of Davenport; Drs. Philip Harvey, W. W. Nassau, and G. R. Henrie of Burlington; Drs. J. Williamson, and S. B. Thrall of Ottumwa; Drs. J. C. Hughes, A. M. Carpenter, and H. T. Cleaver, of Keokuk; Drs. Wm. Vogt, and J. C. Schrader, of Iowa city; Dr. S. H. Sawyers, of Unionville; Dr. Wm. Gutch, of Blakesburg; Dr. Wm. Corners, of Tama city; and Drs D. V. Cole, J. O. Skinner, and A. G Field, of Des Moines.

Dr. H. L. Whitman, in behalf of Polk County Medical Society, welcomed the members from abroad in a brief and appropriate address.

The minutes of the last annual meeting were read and approved.

Dr. J. Williamson, Chairman of the Board of Censors, reported favorably upon the application of the following named gentlemen for memberships, all of whom were duly elected:

Dr. H. L. Whitman,	Dr. D. E. Beadle.
" L. M. Tidreck,	" D. Hutchinson,
" S. B. Cherry,	" W. H. Ward,
" C. H. Rawson,	" Edward Clapham,
" Samuel Whitten,	" J. W. Gustim,
" W. H. Gibbon,	" H. Heed,
" D. W. Stewart,	" J. D. Miles.

On motion, the society adjourned to meet at 2, P. M.

Afternoon Session.

The meeting was called to order by Vice-President Dr. Edward Whinnery, and the President, as per previous notice, proceeded to deliver his annual address. It was devoted chiefly to an exposition of certain crimes and evils, in the community with which medical men become most familiar, and to the inadequacy of existing laws for their abatement, and urging the necessity for more stringent legislative enactments for the prevention of criminal abortion, seduction, quack swindling, etc.

The committee appointed at the last annual meeting to present in detail such subjects as they deem of importance for legislative action, presented articles of incorporation for the "Iowa State Medical Society," which, after some amendments and alterations, were adopted, and ordered to be recorded, and also to be presented to the General Assembly for endorsement, and coöperation in the promotion of the objects of the organization.

The committee on nominations was, upon motion, appointed, consisting of one member from each county represented.

On motion, the society adjourned to meet at 9, A. M., to-morrow morning.

Second Day, *Morning Session.*

The Society met as per adjournment. The President in the chair.

The committee on nominations offered the following report, for officers for the ensuing year.

"For President, Dr. Philip Harvey, of Burlington.

For Vice-President, Dr. J. W. H. Baker, of Davenport.

For Recording Secretary, Dr. A. G. Field, of Des Moines.

For Corresponding-Secretary, Dr. J. Williamson of Ottumwa.

For Treasurer, Dr. M. B. Cockran, of Davenport.

For Censors, Drs. H. L. Whitman, of Des Moines; Wm. Gutch, of Blakesburg; Wm. Vogt, of Iowa city; S. B. Thrall of Ottumwa, and Dr. G. R. Henrie, of Burlington."

(Signed) H. T. Cleaver, *Chairman.*

The report was received, and the above named candidates unanimously elected.

The following named members were elected as delegates to the meeting of the American Medical Association, in 1868: Drs. J. C. Stone, Wm. Watson, A. G. Field, W. F. Peck, Dr. Steele, S. C. Shrader, Wm. Cornes, Dr. Hutchinson, S. B. Thrall, J. C. Hughes.

Dr. Edward Whinnery, chairman of committee on Criminal Abortion, read an elaborate report, which was received and referred to the committee on publications, and the following named members were appointed to draft a more stringent law on the subject: Dr. E. Whinnery, chairman, Wm. Watson, H. T. Cleaver, H. L. Whitman.

Various reports of standing committees were presented.

The Secretary announced that the members of Polk County Medical Society proposed to entertain the members of the State Society at the Des

Moines House this evening, and tickets were distributed to all present.

Dr. J. Williamson offered the following resolution, which, upon motion, was unanimously adopted by the society.

Resolved, That the system of medical college instruction as agreed upon in convention in Cincinnati, May 3d, 1867, and recommended to the medical colleges throughout the country, meets our hearty approval, and we earnestly desire to see the same adopted in every medical college in the United States.

Also the following:

Whereas a member of this society is engaged in selling a patented instrument known as "Babcock's Uterine Supporter," in violation of the code of ethics of this society, and derogatory to professional character, therefore,

Resolved, That this society express its disapproval and condemnation of such conduct.

Resolutions were unanimously adopted, censuring members for advertising in the newspapers.

Dr. J. C. Hughes remarked that he thought the action of the society hasty, and moved to reconsider for the purpose of discussion, which was seconded. The vote was taken amidst confusion, and the President decided that the resolution should be reconsidered, but as the hour fixed for adjournment had arrived, the discussion was necessarily postponed.

Upon motion, a committee was appointed to decide upon a design for a seal for the society, and to procure the same before the next annual meeting, the committee consisting of Drs. A. G. Field, A. M. Carpenter and Wm. Watson.

On motion the Society adjourned to meet in the city of Des Moines on the second Wednesday in May, 1869.

Editorial Department.

Periscope.

Nervous Irritability.

Dr. E. A. Kunkler, in the *Pacific Medical and Surgical Journal*, thus sums up the causes of this distressing condition.

Nervous irritability is brought on—

1st. When, by a deranged state of the liver, matter in a state of fermentation is brought into the duodenum, disturbing the intestinal digestion, and causing irritating substances to form, and to pass for a long time through the intestinal canal.

2d. When there is chronic inflammation, or ulceration of the mucous membrane of the stomach, from over-feeding, or from an abnormal state of the blood and a perverted gastric juice.

3d. When gravelly matter of any kind passes often through the urinary passages; when stones are forming in the bladder; or when the kidneys are partially obstructed, causing a retention of urea in the blood, which, by fermentation, is changed into ammonia.

4th. When parasites, worms, or hydatids, are in any part of the body.

5th. When the uterus or the ovaries are irritated, by any cause.

6th. When there is plethora, or some derangement, or affection of the heart, by which an excess of arterial blood is given to the nerve-centres.

7th. When, by some injury to the head, or by some disease of the eyes, of the ears, or of some cranial bone, the brain, or its membranes, are irritated.

8th. When there is some tumor, wound, ulceration, tubercules, or persistent irritation, by any agency, in any part of the system.

9th. When, by celibacy, an habitual unnatural accumulation of semen in the genital organs takes place; the spermatozoa, probably by their motion, agitating the brain.

10th. When, by excessive venereal indulgence, or by self-abuse, the brain is kept for a long time in an excited state.

11th. When habitually, alcoholic drinks, stimulants, tobacco, or other narcotics, are too freely used.

12th. When by grief, love, anxiety, religious exaltation, or political excitement, the brain is for a long time over-stimulated.

13th. When, in mental labor, reasonable limits are overstepped.

14th. When, habitually, light literature is read, calculated to excite the brain.

New Uses of Iodide of Potassium.

Some useful suggestions in the treatment of two obstinate and frequent maladies are made by Dr. A. de Beaufort, in the *Bulletin de Thèrapeutique* for January 30, 1868.

He reflected that iodide of potassium is freely eliminated in the tears and in the uterine mucus. For this reason he tried it in full doses in cases of chronic inflammation of the lachrymal tube, and also in chronic metritis. His success was most decided. He says: "In cases of internal metritis, with abundant leucorrhœa, and all that train of circumstances which renders so many

women miserable, I have often seen, when all other means have failed, prompt and marked amelioration, and in some cases, a positive cure, result from the free use of the iodide of potassium."

Treatment of Herpes Zoster.

Dr. Jos. Konrad, in the *Wiener Medizinische Presse*, March 1, 1868, advises painting the parts twice or thrice a day with collodion, and administering an opiate at night. By this simple means he completely cured fifteen cases—all he treated—in four to six days.

Microscopical Examination of Damaged and Valuable Papers.

Dr. E. H. Parker, of Poughkeepsie, in the New York Medical Society, made the following remarks on the use of the microscope in detecting alterations in valuable papers. The remarks were based upon two very interesting cases of forgery, to which the doctor had been called as an expert.

The first was one in which it was an alleged promissory note, signed by a blind man who had deceased. The gentleman in question had become blind by cataract, but was nevertheless in the habit of signing all important papers. The body of this note was written by a different hand, in blue ink, and the name in black ink. The question came up as to whether the body of the said note was written before that of the signature or not.

The paper folded end to end across the middle. Prints of black ink were transferred from the black signature, and were found on the opposite side. In several places the blue and black ink of the dots were in conjunction. It was impossible to tell which was put on last, till a place was found where the bottom of a letter *y* and tip of a letter *h* came together over a dot, and showed the blue ink on top.

The same paper read, "*one day* after my death I promise to pay," etc. It showed clearly under the microscope that it had been written "one *year*," an erasure having been made, and *day* written in.

The other paper was an alleged receipt for $2,000, paid on May 11th. That amount had been paid May 1st, and this alleged payment was denied to have been made. Examination by microscope showed that the first figure 1 of the date was in *brown*-black ink, while the second and the rest of the paper were in *blue*-black ink. Transfer had been made of the *brown*-black ink to the other end of the paper by folding, showing that it was put on last. The two shades of black show only under the microscope; to the naked eye they are alike.

Dr. Squibb, in this connection, referred to the following case: A number of U. S. bonds were stolen some time since from a party, and their payment stopped. For a long period nothing could be discovered in relation to them. Finally, however, two bonds with the same numbers were found in Wall street, and it occurred to the parties concerned that one of these must be of the lot that had been stolen. The difficulty was to decide which was the genuine, and it was cleared up by a microscopical examination of the ruled lines upon which the figures were written in red ink. The magnifying glass showed the tracings of the old figures underneath the new, the red ink of the former having been previously removed by a chemical process.—*Buff. Med. and Surg. Jour.*

Insect Powder in the Tropics.

A celebrated German traveller, F. Jagor, in his *Sketches of Travels in Singapore, Malacca, Java* (Berlin, 1866), gives the following account of the services of the Persian insect powder, Pyrethrum roseum, in these tropical countries:

"Insects are by no means as troublesome in the Indies as in Southern Europe. There are no fleas, and the native pediculi do not affect Europeans, a very remarkable phenomenon, especially on the Philippian Islands, where the native inhabitants are much more cleanly than the Spaniards. For, while the former use the bath daily, and carefully dress their luxuriant hair, and the latter are neglectful of both, the Tagals, especially the women, have the scalp frequently infested by vermin, which is rarely the case with Spaniards.

"A specific against all noxious insects, including the troublesome mosquitos, and those which attack collections, is the Caucasian insect-powder. A tincture prepared by macerating one part of the *Pyrethrum roseum* in four parts of dilute alcohol, and when diluted with ten times its bulk of water, applied to any part of the body, gives perfect security against all vermin. I often passed the night in my boat on the ill-reputed rivers of Siam without any cover, even without the netting, and experienced not the slightest inconvenience; the 'buzzing,' at other times so great a disturber of sleep, becomes a harmless tune, and in the feeling of security a real cradle song. In the chase, moistening the beard and hands protects the hunter against flies for at least twelve hours, even in spite of the largely increased transpiration due to the climate. Especially interesting is its action on that plague of all tropical countries the countless ants. Before the windows, and surrounding the whole house where I lived at Albay, on Luzon, was fas-

tened a board six inches in width, on which long caravans of ants were constantly moving in all directions, making it appear an almost uniformly black surface. A track of the powder several inches in width, strewed across the board, or some tincture sprinkled over it, proved an insurmountable barrier to these processions. The first who halted before it were pushed on by the crowds behind them, but immediately on passing over showed symptoms of narcosis, and died in a minute or two, and within a short time the rest left the house altogether.

"A disease very largely distributed over the Phillippine Islands, scabies, is immediately removed by an application of the tincture; the itching ceases at once. It is remarkable that as yet no substance has been extracted from these flowers to which these effects can be ascribed."—*Druggists' Circular.*

A Cheap Clinical Thermometer.

Dr. John Parsons, of Mt. Pleasant, Kansas, says, in the *Leavenworth Med. Herald*, in order to place the advantages of the clinical thermometer within the reach of all physicians, I recommend the following twenty-five cent thermometer:

"Take from its card a twenty-five cent thermometer, lay upon the card a slip of French note paper, and with a fine pointed pen mark and number the degrees from 80° to 120°, cut the new scale into a slip one-eighth inch wide or less; replace the *thermometer* upon the card, and paste the slip upon *it* to correspond with the scale upon the card, the edge extending from half across the front around the side.

"The instrument may be used by placing the bulb under the tongue, or it may be carefully introduced into any cavity.

"These thermometers can be procured at any drug store, and can be prepared for use in a few moments. They are very delicate and must be carried with care."

Reviews and Book Notices.

Eighth Annual Report of the Commissioners of Public Charities and Correction, New York, for the year 1867. Albany, 1868. 1 vol. 8 vo., pp. 494.

This Board has under its supervision the prisons, asylums, hospitals and nurseries of New York, which are wholly or in great part maintained by the public. It gives us a forcible idea of the fearful amount of crime and misery existing in that great metropolis, to learn that the number of persons who were subsisted last year in these several institutions numbered 90,815, more than half of whom are reported as in the City Prisons.

What a limitless field for humanitarian endeavor! Other facts not less suggestive are added. For instance, this: "There are 30,000 children in this city growing up in ignorance and idleness. They have no occupation but to beg, and learn no art but to steal. At the age of fifteen the girls are all prostitutes, and the boys professed thieves." No doubt there are a hundred thousand people in New York City who start forth every morning intending to gain their daily bread by crime;—and at night go to bed satisfied. Much is done, but how much more remains to be done!

Of the Morgue or Receptacle for the unknown dead, inaugurated a year or two since, it is said: "The experience of the past year has demonstrated its necessity and value." We remember that at the time some question was raised about the propriety of introducing this Parisian establishment, which question may now be considered set at rest.

In the different reports, that of the committee on diet of the children's nurseries on Randall's Island, the chairman of which is Dr. Austin Flint, Jr., merits particular attention for the judicious remark on alimentation it contains.

Among the many excellent suggestions in the Report, there is one of doubtful propriety. It is that syphilitic patients should be treated with less consideration than others. Speaking of Charity Hospital, it says, "it is to be deprecated that so noble a building, the most conspicuous object in the harbor of New York, should be regarded as the shelter of a scandalous disease." We fail to see the force of this objection. Experience has not taught that men or women can be reformed by indignities or contemptuous usage. The suggestion is singularly in contrast to the recommendations of a celebrated Professor in Vienna, which we shall translate shortly for our readers.

Exhalation of Prussic Acid by a Vegetable.

The fruit of a plant, of very common occurrence in the neighborhood of Caraccas (Venezuela) along the Catuche river, which supplies that city with its potable water, the *Ximenio Americana* L., by the natives called *manzana de guayava*, guayava-apple, or *manzano del diablo*, exhales in its undeveloped state a penetrating odor of bitter almonds when it is cut open or grated. It is described by Jacquin in *Sel. Stirp. Amer. Hist.* (1763) p. 107.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 11, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

WANTED.

☞ The following numbers of the Medical and Surgical Reporter *are very much needed at our office. For* ALL *of them we will credit* ONE DOLLAR *on subscription, or ten cents a copy for less than the whole.* Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are:

Nos. 559. 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, *both dates included.*

THE MILITARY POSITION OF THE MEDICAL STAFF.

In the time of Henry the Fowler—that is in the tenth century of our era—such a thing as military surgeons was unknown. If a man was wounded, he died or got well as God willed, and luck permitted. Not till that great commander, Gustavus Adolphus, reorganized the military schools of Europe were leeches or chirurgeons attached to bodies of troops. At first they held no rank, and were regarded in about the light most of us looked at a "horse doctor" in the late war.

It was no increase of respect for learning that changed this, nor any soft-hearted philanthropy, but it was because the greatest soldiers found that in direct proportion to the efficiency of the medical staff increased the efficiency of the line. Therefore, Frederick the Great, Napoleon, and the Duke of Wellington, gave great attention to selecting thoroughly competent medical officers, and remunerated them in accordance with their worth, not only with money, but with rank.

The United States, not behind the rest of the world in most things, have been markedly backward here. While the English army has long had a considerable number of medical officers above the rank of colonel; until the present war, major was the highest dignity to which a United States medical officer could aspire. And the case is not much better yet.

But the most manifest injustice to the real welfare of the service is seen in our navy. It is well-known that numerous vacancies exist in the medical corps there, which are not at all likely to be filled, solely because both the rank and the pay are absurdly disproportioned to the qualifications demanded of applicants. No attempt has been made by Congress to remedy this. Five additional grades have been created for other branches of the navy since the outbreak of the rebellion, not one of which is open to naval surgeons. They are hard worked; they are held to a strict accountability; on the manner in which they discharge their duties, depend the health, and consequently the efficiency of the crew; they are underpaid; and they are without *de facto* rank. With this prospect, what able young physician will choose the navy?

Very wisely therefore, with the good of the service at heart, and not merely their own aggrandizement, the naval medical officers have organized, for the purpose of obtaining from Congress increased rank. It is singular that any should be found to oppose their wishes. But jealousy and narrowmindedness are everywhere alert.

Various objections have been urged. The only one worth refuting, is that at times a conflict of authority may occur on board ship. But the experience of other nations, and of the army, proves this to be groundless. In the army, a regimental surgeon with the *de facto* rank of major has no authority over the regiment, even if every other officer above the rank of lieutenant were absent. Not till *every other commissioned officer* is gone, can he assume to give orders on matters not pertaining to his own staff department. The medical director of an army corps with the actual rank of colonel, can neither give a direct order to a subaltern member of the medical staff (except by courtesy,) nor to any of the enlisted men of the regiments in the corps. Yet his rank is real, and it is necessary to his efficiency. There is never a conflict between the staff and the line when both strictly conform to regulations. The higher military science is developed, the more liberally is the staff rewarded, and it is discreditable to us, that in our country, an exception exists. It shows either that a petty, mean-spirited jealousy exists in the line, or that Congress is not aware of the vitally important services which the staff-corps have rendered. They are to the line, indeed, what the head is to the

hands. They think, and plan, and have the care of what the latter executes.

It is manifest injustice to overlook their claims. We should not be so blinded by military glory, as to imagine that to the great fighter is due all the laurels. Had it not been that there were ardent students of hygiene, skilful surgeons, and accomplished physicians, all devoting themselves to the problem of selecting and maintaining in highest physical perfection the men he commanded, the victory would never have been won. These services are real, valuable, and essential, and they deserve to be properly recognized and rewarded.

A LAW WANTED.

When so many legislators are at work hammering out laws and governing our country at such a wonderful rate, that the most industrious attorney finds it next to impossible to keep pace with the statutes, it is a matter of surprise that some flagrant crimes are allowed under the very noses of the authorities, and are deliberately winked at—at any rate studiously disregarded. Physicians and divines, and the better element of the public press have been crying aloud in the streets about one or two important matters these last few years, asking for some measures to restrain growing evils, but the wise heads, who by the unsophisticated popular mind are supposed to be profoundly considering the welfare of the nation in the various State capitals, have paid no more attention to them than of yore their predecessors did to the voice of wisdom.

One of these matters is the publishing and distribution of immoral books and papers. We venture to say there is not a single nation on the continent of Europe, in which so many vile emanations appear from the press as in the United States. In the most dissolute cities of the Old World, the morality of the printing-house is higher than in our boasted land of morality.

The portion of this mass of corruption which we particularly have in view, and which it particularly concerns the medical profession to put down, is that contained in works pretending to be on popular medicine. There are literally hundreds of them, all hinging on the uses and abuses of the genital organs. They are, nearly or quite all, advertisements of infamous quacks.

A number of papers are also published and distributed gratuitously—sown broadcast over the country in fact—full of the most detestable suggestions, and calculated to undermine the whole edifice of public morality. A pile of such villainous stuff is before us. One of them is called "The New York Medical Journal;" another, "The Herald of Health;" a third, "The Voice of Universal Intelligence;" and so on. They all inveigh against "calomel and poisonous drugs," "allopathy," and "old style doctors," and all proclaim the merits of some new system in the exclusive possession of the editor.

Their contents treat principally of two topics; first, how to remedy the effects of self-abuse or excess in venery; and next, how to prevent conception. Disgusting pictures relieve the monotony of the text, supposed to be aids in physiological study! And all of them have numerous testimonials appended, very much like those we quoted from the book on the sexual organs by the man who runs the Turkish Baths and Hygienic Institute in New York, which we noticed some months back.

Various means are promised to all applicants for the prevention of conception, and not only are French safes and all the other inventions for the purpose explained and offered for sale, but pills and other means, less innocent, are boldly offered to the public, to "restore menstrual suppression." Of course, the transparent warning is added, that these must not be used by pregnant women. For instance, such paragraphs as this are placed in prominent places, (we clip it directly from one of the above-mentioned sheets:)

"Special Notice.—Ladies supposing themselves pregnant must not handle or use the preventive, as miscarriage would be liable to follow. While the fœtus would be expelled on natural principles, with no more inconvenience, still it is unlawful to produce an abortion; hence this caution."

Breast elevators, aphrodisiacs of various kinds, love powders, and recipes for various

dirty purposes (avoiding contagion, exciting accessory emotions in coitu, etc., etc., *ad nauseam*,) are also among the wares which this precious set of rogues are advertising so broadly over the land, that half a dozen different sheets are often received by one person.

Now cannot a stop be put to this? Will not every State make it a penal offence to print, or publish, or distribute such pernicious sheets? Will not some of the many medical or philanthropic societies make it their business to ferret out, and prosecute, and punish to the utmost these scoundrels? If this were done, and well done, it would do more good than to send a thousand Bibles a week to the heathen. We are ready to give the names of several of these rascals, and intend to make a list of them, in hope that some day or other we may live to help send them, one and all, to the penitentiary.

THE RELATION OF NATIONAL CHARACTER TO DISEASE.

The Germans—a wonderful folk—have lately started a new science, which they call *Völker psychologie*, or the science of national character. It arises from the imperative demands of modern research for a clear and close analysis of facts. It is ready to explain certain problems whose solutions had never previously been reached. In other words, it has already proved itself to be rightfully entitled to the name of a real science, and not an imaginary one.

Looking over some of the work which it has accomplished, it occurs to us that medical men might with advantage study it closely. There always has been a ready recognition of the influence of the mind on the body in disease, and it has from ancient times been considered wise to take into consideration the mental status, both in diagnosis and treatment. Many attempts have been made to define this influence, none very successful. May the failure not arise in great measure from overlooking the differing psychology of races and generations?

It were not easy to imagine that the dancing mania, the *chorea Germanorum* as it was called, an epidemic hysteria which attacked whole villages in the middle ages, could break out in the United States. The prevalence among certain races of elephantiasis, leprosy, and similar chronic diseases, may perhaps depend as much upon the torpidity of their mental life, as unquestionably the unparalleled prevalence of brain and heart disease in our great cities and mining centres does on the constant intellectual friction we have to undergo.

In comparing the varieties of insanity given in the statistical reports of various countries, curious differences are observed, which can only be explained by the peculiarities of national character. These differences are permanent, and while statisticians like Mr. Buckle would trace them all to a sort of fatalism, this, we know, is not a solution, but a mere abandonment of the problem. It might offer results worth the time to make a careful comparative study of the leading nationalities in this respect.

Notes and Comments.

American Medical Association.

We are glad to learn that the Philadelphia, Wilmington and Baltimore, and Baltimore and Ohio Railways, will furnish tickets to those who go from this city over their roads, to the meeting of the American Medical Association, on the 5th of May, for $6.80, to go and return, the tickets being good from the 4th to the 11th.

We will furnish other information on this subject as it is received.

Death of Dr. Ludwig Turck.

Dr. Turck, so well known for his studies in laryngoscopy, died at Vienna on the 25th of February, of exanthematous typhus. He was born in 1812, and acquired his degree of Doctor of Medicine in 1837. Subsequently he entered in the general hospital, and devoted himself to nervous pathology, and had a ward assigned him of this character of cases. His labors on the minute anatomy of the brain and nervous system, soon made him known to the medical world, both in Germany and other countries.

In 1857, without being aware of the previous methods of Liston, Garcia and others, he invented a method of examining the larynx, and it is to him and to Czermak conjointly, that the honor is due of founding the modern art of laryngoscopy.

Turck in his social life was modest and genial, and never failed to endear himself to his many pupils, not less by his profound learning than by his pleasant manners.

Death by Tight Lacing.

The following notice of a death from this cause is taken from a New York paper. The death occurred suddenly, and an inquest was held.

"It appeared in evidence that Miss Jones is a well-known Sunday-school teacher, and highly respected. On Sunday morning she accompanied several members of the Bank-street Methodist Church, to participate in the dedication of a new chapel in Eleventh street. While returning home the deceased dropped suddenly in the street, without a sigh or a groan, and died in ten minutes after. Dr. Kimball was called in, and pronounced it a case of apoplexy of the lungs, superinduced by unusual tight corset lacing. Dr. Leo found, in making a *post-mortem* examination, that Miss Jones was quite plethoric in habit, and her body being so tightly bound by steel corsets the blood had no chance for proper circulation, and rendered her subject to congestion of the brain, which in time led to apoplexy of the lungs. The jury rendered a verdict in accordance with these facts."

When will people cease to sacrifice life and health on the altar of vanity?

What's the Use of Veterinary Medicine?

Professor Gamgee, of the Albert Veterinary College of London, now on a visit to this country, appeared at the request of several prominent agriculturists before the Agricultural Committee of the House of Representatives, on March 20th, and submitted a statement of the result of an investigation he has been making into the losses of horses and cattle in the service, and the proper means to prevent it. His figures, carefully prepared, showed an annual loss of domestic animals by disease of over $100,000,000. Of this amount he was convinced that $50,000,000 might be saved by proper precautions. His remarks were listened to with much attention, and it is probable that the Commission will procure from him some recommendations for general publication.

Heterademic Tumors.

By this name the distinguished anatomist, Charles Robin, designates those growths of peculiar morbid tissue, which histologically are analogous to glands. It includes cancerous and similar developments. In a recent memoir read to the Société de Biologie, says the January number of the *Archives Générales de Médicine*, M. Ordonez expressed the opinion that the tumors described under this name are of a parasitic nature, supporting his view by their external characters, their microscopical appearance, and their action under certain reagents.

Extraordinary Cows and Calves.

A correspondent of the *American Agriculturist* writes: "J. H. Dickman, of Richmond, Ind., has a cow with triple calves, which are fine, healthy animals, and at last accounts the dam and trio were 'doing well.'"

We are cognizant of a case in which a cow had twin heifer calves. The mother was of a mixed Durham breed, and gave from 20 to 30 quarts of milk a day. The calves were fine, healthy animals, and developed very rapidly. In a few months they got in the habit of sucking each other, and it was soon found that this had actually *stimulated the lacteal glands into the secretion of milk*, and they both gave milk, and one of them was *milked regularly*, long before she had a calf!

Abortion.

At a recent meeting of the Medical Association of Androscoggin county, Maine, Dr. Oaks asserted that according to the best estimate he could make, there were four hundred murders annually committed in that county, produced by abortion.

The following sentences were passed in the Warren County (Pa.) Court last week, on convicted abortionists: Dr. Russell, $50 fine and costs, and two and one-half years' imprisonment in the Western Penitentiary; Hale, five dollars fine and costs, and two years' imprisonment.

Legal Enactments to regulate the Practice of Dentistry.

The following resolution was offered by Dr. Squibb before the Medical Society of the State New York, and adopted:

"*Whereas*, The Dental profession of the State of New York, (now numbering about two thousand practitioners,) are about to petition the Legislature of the State for such legal enactments as will tend to regulate the practice of dental surgery, and to mark some distinction between the meritorious and skilful, and the ignorant pretender; and to give this profession a legal recognition, it is by this, the State Medical Society,

"*Resolved*, That this movement on the part of Dental profession of this State, to procure such

general laws for their protection as now pertain to the Medical profession, meets with our hearty approval, and that we hereby join in the prayer of these petitioners for this purpose."

Correspondence.

DOMESTIC.

The Medical Profession, the Medical Press, and Proprietary Medicines.

Editors of Medical and Surgical Reporter:

The leading editorial in the Reporter for the 14th March, affords me the text, or pretext, to address you this communication. One of the "Answers to Correspondents," probably explains why it was needful to apologize for the appearance in the Reporter of advertisements of proprietary medicines. If it be true that most medical, as well as religious and secular periodicals, depend, at last, on the advertisements they insert for successful publication, it is not easy to see why those who obtain them below the cost necessary to sustain them without advertisements, should complain of their character. It may be set down as true, that if there is any article advertised, the public want it, and will buy and pay for it, when they know where to get it; and if its character don't happen to suit all the patrons of the particular periodical in which they find it, the remedy is their own hands; they can pay more for the periodical, so as to make it self-sustaining, or discontinue it. No one can regret more than your correspondent, the necessity for medical periodicals to offer premiums for subscribers, or publish advertisements of doubtful character, in order to be sustained. Yet such is the fact, and the public is more to blame in the matter than the editors and publishers complained of. Your suggestion for law in the matter is a forlorn hope; for it is the old puritanical idea of regulating the habits of our fellow beings by statuary enactments. The very numerous failures of law to regulate the habits of the people does not seem to deter from fresh experiments in that way. Individuals or classes of our fellowmen, perceiving what they esteem to be errors in public habits, instinctively appeal to some legislative body to obtain law for compulsory reformation. In society, as it exists at present in our own country, the conditions, at least, are requisite to make law effective; one, that there must be a public sentiment to sustain it; the other, officers to enforce it. Without these conditions, laws soon become obsolete.

Patent medicines may be, for the most part, grouped with these classes, viz., for the relief of pain or anodynes—evacuants—and stimulants, according to recognized professional classifications. Others there certainly are, as hair tonics, dyes, coloring, etc., liniments, ointments, dentrifices, etc., but these must be regarded as exceptional. Now, these three great classes fill legitimate indications in the relief of human maladies, and to some extent, fill a legitimate demand or want. They cannot be put down by the profession saying that they are not good, for that would not be always true, for many of them are constructed after strictly scientific formulæ. *The public will continue to use them until they can do better.* Their merits in popular estimation may be stated to be, 1st., the good style in which they are usually put up, thus gratifying the inherent sense of the beautiful; 2d, their agreeable sensible properties, as taste, smell, etc.; 3d, their cheapness; lastly, their frequent success. There was a time when evacuant patent medicines were far more popular than at present, probably owing to the different modes of life of the people in the past and present. The fashion prevailing now is for alcoholic stimulants, whether presented as "family" or Phœnix bitters or "Elixirs of calisaya bark and iron," or any other name, and the preparations for anæsthetic effects, whether "magic oil," "pain killer," or what not.

These are the facts, and they may as well be faced as dodged. It was stated the public would buy patent medicines until they can do better, and this foreshadows the remedy to diminish this sale and commission.

Physicians, or the profession, must qualify themselves better for their duties; and meet the popular demand in the respects stated. There must be certainty in diagnosis, appropriateness, simplicity, and good style in the medicines they prescribe, so that their practice shall partake largely of that reasonable certainty the public have a right to expect at their hands. If patients call at physicians' offices, or send for them, get prescriptions and pay for them, send them to some apothecaries, have them put up, and pay for them there, and then fail to get expected or promised benefits, the faith of such in the profession has been rudely shocked—is it any wonder they try patent medicines?

The faith of the people in the power of physicians and medicines is sublime. Failures with regular physicians, and patent medicines, do not deter them from calling on irregular pretenders.

In a word, the most potent obstacle to the

sale of patent medicines and irregular or quack practitioners of the healing art, is higher qualifications, medical and pharmaceutical, and fidelity to those who seek their services, by the regular profession. They at least should present the public with clean bills of health in regard to illegitimate medicine. Z. C. McElroy, M. D.

Zanesville, O., March 23, 1868.

Proprietary Medicines.

Editors Medical and Surgical Reporter:

I noticed in the last number of your valuable paper, an article upon the subject of proprietary medicines, in which you take quite conservative ground, and evidently have advanced far beyond your cotemporaries. I am glad to see this, as I have been convinced for a long time that such a course is necessary to save the profession, or a large portion of it, from utter starvation. I do not, however, approve of your remedies for the disease for several reasons. In the first place, you suggest that the A. M. Association shall publish a series of formulæ with which you hope to supersede the nostrum in general use. Is there any probability of this plan being more successful than the U. S. Dispensatory, and other kindred books which are full of formulæ, touching every disease known to the profession? I think not. Then I object to such a procedure, because it promises nothing. You propose as the second remedy, the procuring of the passage of a law requiring every man to patent his nostrum, so that the medical fraternity can get his recipe. This plan is objectionable, because it is founded upon *injustice*, and would be virtually an admission on the part of the A. M. Association, that it had not kept pace with individual enterprise, and in order to do so, it was necessary to call on Congress to pass a law legalizing a species of medico-hymanship. Then, whenever a man made a discovery in medicine, and proved it by curing cases beyond the capacity of the members of the A. M. Association, they could call upon him in the true "*deliver or die*" style, for his recipe, and place it in the hands of every *tyro* in the profession, to profit by it to the prejudice of the rightful proprietor. But there is but little probability of the law-making power doing such gross injustice, particularly when it is obvious that the proprietary interest is able to employ the ablest counsel. No, never let it be said that the profession had to resort to such means to contend successfully with quackery.

"Let justice be done, though the heavens fall."

I am confident the evil originates nearer the door of the profession than they are aware of, or would be willing to admit, but nevertheless is of easy demonstration, and if agreeable, I will point it out in a future communication, and give, (in my humble opinion,) the *only remedy*.

John Mageniss, M. R. C. S., London.

Evansville, Indiana, March, 1868.

[We shall be glad to hear the plan proposed by our correspondent to meet this evil, and defer until then our remarks on his views.—Eds.]

Contributions to Toxicology.—Errata.

Editors of the Medical and Surg. Reporter:

In the article, No. 13. *Poisoning by the Use of Untinned Copper Vessels*, (p. 117,) I reported a case of copper-poisoning by the use of extract of tamarind once occurring in my own practice, and also that "Dr. Stiever, of Tarentum, Pa., states that a large family in his practice nearly died by eating a dish prepared in a defectively tinned copper vessel," etc. This should read Dr. Edward Stierer, to whom I of course gladly give the credit of first reporting this case in the German *Staats Zeitung*, from which I obtained the facts, and also the following.

No. 12, (p. 116.) *Adulterated and Poisoned Lard.* In condensing the extensive German report to a few lines, I gave erroneously the credit of the investigation to Dr. McCurdy; however, it appears to have been a case in this gentleman's practice, and he handed the lard to Dr. Stierer to investigate, which Dr. S. did thoroughly.

No. 11. *Malate of Tin and Lead.* The case mentioned under this head as having happened "in Tennessee," should read "near Parnassus," but to the physician who reported the case first I cannot give the credit, as Dr. S., himself, from whose report this notice is also a very condensed extract, does not mention his name at all.

The same I have to state of No. 8, *Paper Collars*, (p. 5.) I wrote, "One of the physicians at a meeting in Tarentum, Alleghany co., Pa., reported recently," etc. As his name was again not reported by Dr. Stierer, I also could not mention it, but will add that Dr. S. published first the results of the chemical examination he made of these collars, which agreed perfectly with my own examination, and for which also I give him gladly the credit, as well as for the publication of the other articles, of which my Nos. 8, 9, 11, and 12, above, are partially very condensed extracts, but not translations.

I trust this will satisfy the claims of Dr. Edward Stierer as to the parentage of the articles in question.

P. H. Vander Weyde, M. D.

New York, March 28, 1868.

News and Miscellany.

The Health of the Pope.

There is probably no European potentate whose health is an object of such various and wide-spread interest as that of the Pope, as there is none whose death would give rise to greater or more sweeping changes in the politico-religious world. His Holiness is well known to suffer from occasional epileptic fits, a disease to which he was subject in his youth, but which he seemed to have thrown off after the development of a varicose ulcer in the leg. The fits have now, however, reappeared; and whether the exciting events of the last few months, or the unusual exertion he has just put forth in giving audiences and in assisting at ceremonies, be the cause, he had a violent attack of his old malady on Friday, the 6th inst. His physician, Dr. Viale Prelà, was instantly in attendance at the Vatican, and His Holiness recovered. Complete abstinence from administration of business and from the more fatiguing occasions of religious ceremonial has been peremptorily enjoined on him by Dr. Viale Prelà as the indispensable condition of his health.—*The Lancet.*

Sad Case of Insanity in a Physician.

Dr. D. S. Peffer, a prominent physician of Abbottstown, Adams county, Pa., has been laboring under mental derangement for some time, but it was not thought necessary to confine him. Last Tuesday night, in a paroxysm of insanity, he made an assault upon Mr. Cole, who was sleeping at his house, and crushed his skull with a heavy wash-bowl, so that he died the next day. The Doctor has been confined in the Adams county jail.

New Embalming Process.

At Bellevue Hospital, on the 3d inst., the body of a woman, embalmed by the process of Prof. Charles A. Seely and Charles I. Eames, was cut open in the presence of Prof. James R. Wood of the Hospital, and a company of distinguished gentlemen. The dissection was conducted by Dr. Delafield. The subject had been embalmed 103 days. It was without smell, and the face presented a naturalness that was startling. It is claimed for this process that it arrests decay at once, and the examination of the body substantiated the fact. No injection is made in the veins, nor cut or incision in the body. It is claimed that the bodies embalmed will last a century. The learned Professor of the Hospital expressed himself astonished at the result, and, in response to the question of Mr. Clark, the agent for the patentees, replied: "I never saw anything like it in my life." The body was cut at every part. The students availed themselves of fingers and toes, and a distinguished chemist carried away a piece of a lung in his vest pocket.

Jerusalem.

An Hospital for Lepers has recently been established in the Holy City, under the auspices of a Prussian nobleman. The objects of the institution are, (1) to provide a home for persons suffering from the early stages of the malady, and, by comfort, regulated diet, and medical care, to seek to arrest its further development; (2) to extend to these unhappy outcasts the benefits of moral and religious instruction; and (3), if circumstances permit, to train the children of lepers and endeavor to prevent their becoming afflicted with the disease. A suitable building has been erected outside the walls of the city, and there are at present six patients, all males. Five of them are suffering from the tuberculated form of elephantiasis; one from the anæsthetic form.—*London Lancet.*

—— Doctors Traill Green, of Easton, and John L. Atlee, of Lancaster, and Daniel W. Gross, of Harrisburg, have been appointed Trustees of the State Lunatic Asylum, by Governor Geary, of this State.

—— Her Majesty has been "graciously pleased" to grant a pension of £200 per annum to the widow of Sir David Brewster, in recognition of his eminent services to science. Very good.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Baxter—Morris.—In Provincetown, Mass., March 25, by Rev. C. S. Macreading, Joseph B. Baxter, M. D., and Miss Susan E. Morris, both of Provincetown.

Caldwell—Hendrickson.—March 31, 1868, by Rev. Dr. Conrad, Dr. J. R. Caldwell, of Johnstown, Pa., and Elena Hendrickson, of Philadelphia, Pa.

Finch—Bowman.—At the residence of the bride's father in Medina, Ohio, on the 25th of March, by Rev. G. S. Davis, Dr. A. D. Finch, of Anna, Ill., and Miss Mary Bowman.

Glasscock—Phares.—Jan. 14, at the residence of the bride's father, by Rev. P. S. Petty, Mr. H. E. Glasscock, of Owensboro', Ky., and Miss Martha L., daughter of Dr. D. L. Phares, of Newtonia, Miss.

Harshberger—Walk.—In Philadelphia, on the 24th of March, by the Rev. E. W. Hutter, D. D., Dr. A. Harshberger and Miss Jennie H. Walk, all of Philadelphia.

Maury—Ingersoll.—At St. James' Church in this city, on Tuesday March 17th, by the Rev. Dr. Morton, Francis Fontaine Maury, M. D., and Catharine Margaret Preston, daughter of Charles Ingersoll, Esq.

Phares—Barfield.—March 5, at the residence of the bride's father, near Clinton, La., by Rev. W. Ballard, J. H. Phares, M. D., of Newtonia Miss., and Miss Emily E. Barfield.

Withrew—Reese.—In Penningtonville, Chester co., Pa., March 12, at the residence of the bride's father, Chas. Reese, Esq., by Rev. Samuel Pancoast, Dr. James L. Withrew and Miss Emasine Reese.

DIED.

Gebler.—In this city, on the 30th ult., Elizabeth, wife of Dr. C. F. Gebler, aged 61 years.

Harriot.—In New York, on Thursday, April 2, Hampton Harriot, M. D.

Lee.—In New York, March 30th, after an illness of eight days, Richard Henry, infant son of Dr. Charles C. and Helen Lee, aged 19 months, 4 days.

Virtue.—In West Lebanon, Pa., March 8th, infant son of Dr. S. W. and Mrs. Sarah J. Virtue, aged three weeks.

ANSWERS TO CORRESPONDENTS.

A Correspondent asks us the following question in ethics: A physician is summoned to a family usually treated by a professional brother during an absence of the latter; he goes, finds the case trifling, prescribes, and leaves, not expecting to return, but is shortly sent for a second time. He makes the visit, and acquaints the family physician with the circumstances of the case. "Now, Sir," asks the writer, "who should visit the case? And does, or not, professional courtesy require that the doctor called in should make the above statements before visiting the case?" If we understand the question rightly, we reply that the physician sent for should visit the case, and that after he is sent for the second time, the family having the choice between him and their previous attendant, he can take the case as his own. Families have a right to choose what physician they please, and it is absurd for medical men to get mad at them or their professional competitors when this right is exercised.

Dr. J. H. S., of Pa.—The case you describe is a puzzling one, and we are at a loss to advise you. In a single woman at her age, hysteria sometimes produces these symptoms; but we rather suspect some organic mischief of the cerebro-spinal system. You might try bromide of potassium in full doses, with cold bathing, and see what effect they would exert.

Dr. W. E. H., of N. Y.—We think that Tieman of New York, could get you the instrument, but cannot tell its cost.

Dr. S. J., of O.—A sphygmograph costs $40.00.

Dr. E. B. H., of N. C.—1. The work on the microscope will be sent you; Beale's is the best. 2. We have not heard that a new edition of Meigs on Diseases of Children is contemplated. 3. There is no medical and surgical case book in the market.

Dr. G. D., of N. J.—Your proposal will be borne in mind, and if an opportunity occurs, we shall let you know.

Dr. W. W. J., of Pa.—"Please give me a good prescription for itch?" For old-fashioned itch nothing is better than *ung. sulphuris* well rubbed in twice a day. Some speak highly of common soft soap used in the same way. For "army itch," we have found excellent results from weak solutions of pearlash, followed by inunction of dilute *ung. hydrarg. nitrat.*

METEOROLOGY.

March,	23,	24,	25,	26,	27,	28,	29.
Wind	N. W.	N. E.	E.	E.	N. E.	N. E.	N. E.
Weather	Clear. Sh'r. t. & l.	Clear.	Cl'dy. Snow.	Cl'dy.	Cl'dy. Rain.	Cl'dy.	Clear.
Depth Rain	2-10		2 10		4-10		
Thermometer.							
Minimum	24°	35°	27°	28°	28°	33°	32°
At 8, A. M.	32	40	33	36	34	44	48
At 12, M.	50	56	37	46	42	53	54
At 3, P. M.	52	57	38	48	43	51	55
Mean	39.50	47.	34.75	39.50	36.75	45.25	47.25
Barometer.							
At 12, M.	29.9	30.	30.3	30.4	30.1	30.	30.4

Germantown, Pa. B. J. Leedom.